



Court Alcohol and Drug Program Staff Update Form

This form is to be completed by the Program Director within 30 days of any staff employment or personal changes. Please use one form per staff member. This form may be emailed to tsimmons@courts.state.in.us, faxed to (317) 233-3367, or mailed to the Indiana Judicial Center, 30 South Meridian, Suite 900, Indianapolis, IN 26204, to the attention of Teri Simmons.

_____ **New Hire** _____ **Termination** _____ **Name Change** _____ **Position Change**

Date of Hire _____ Date of Position Change / Termination _____

Staff Name _____

New Name (if applicable) _____

Current Position (Please check all that apply.)

☐ Clerical Staff ☐ Case Manager ☐ Assessor ☐ Program Director ☐ Education Instructor

(You may stop here if name change only.)

New Position (if applicable)

☐ Clerical Staff ☐ Case Manager ☐ Assessor ☐ Program Director ☐ Education Instructor

Male or Female _____ (necessary for data entry)

Program Name: _____

Program Address: _____

Phone: _____ Fax: _____

Staff E-mail: _____